

RESPONSIBILITIES AND PROTOCOLS FOR LEVEL II PASRR EVALUATIONS FOR MENTAL ILLNESS

- I. Time is of the essence in gathering information, performing evaluations and making determinations.
 - A. Nursing Facilities (NF) and Hospitals
 1. Complete Level I screening and submit this and history and physical, list of current medications and LT 101 (Completed by public health nurse) to Mental Health and Substance Abuse Services Division (MHSASD).
 2. Refer persons who require Level II evaluation to the local Level II provider (mental health center) by telephone as soon as Level I screening is complete.
 3. Allow access to resident/patient records by Level II provider.
 4. Inform the patient of the referral for Level II and the results of Level II determination.
 5. If there is a determination by MHSASD that NF placement is not appropriate, in consultation with the resident and resident's family or legal representative and care-givers:
 - a) Arrange for the safe and orderly discharge of the resident.
 - b) Prepare and orient the resident for such discharge.
 6. File Level II evaluations in the patient's chart.
 - B. Level II Providers (Community Mental Health Centers)
 1. Accept a referral for the Level II evaluation from any Nursing facility or hospital in your county. Even if they have referred in error, your mental health center will get paid by the Office of Medicaid for the evaluation, but try to make sure in advance that the patient is thought to have a mental illness, not mental retardation alone. The Level II evaluation needs to be completed and to be received by the Mental Health and Substance Abuse Services Division within three (3) working days upon referral.
 2. Perform or, by subcontract with qualified professionals, arrange for the performance of Level II evaluation according to standards and protocol of the MHSASD for PASRR/MI.
 3. Include with Level II evaluation, copy of any psychiatric evaluation performed within the past two years.
 4. On the completion dates specified in protocols, fax and mail to the MHSASD the required evaluation and reports according to Protocols in Section II.
 5. Level II evaluation pointer:
 - Use the form dated 11-1-94 (attached)
 - Fill in the Medicaid number (not the Medicare number) on page one (1) of the Level II evaluation on the billing invoice
 - If the patient does not have a Medicaid number, leave the area **BLANK** on both forms

- Item 3, “Specialized Services” on page five (5) means that the person needs to be in a psychiatric hospital. If this is not true of the Patient, put only “not applicable” or “N/A” in this section
- If the patient needs any other mental health services, describe these in item four (4) on page five (5)

C. MHSASD (State Mental Health Authority) Responsible for:

1. Level II evaluations under arrangement with certified community mental health centers (CMHC) or alternate providers who complete Level II psychosocial evaluation and mental illness evaluation.
2. Develop standards for Level II evaluations.
3. Execute agreements with a sufficient number of Level II providers to assure that there is at least one CMHC or other provider to perform Level II evaluations in each county.
4. Monitor the quality of services provided by Level II evaluators.
5. Obtain psychiatric review from a psychiatrist on all initial Level II evaluations
6. Review all Level II evaluations and make the final determination on appropriateness of NF placement for each patient, based on PASRR criteria consistent with Medicaid agency guidelines.
7. Provide technical assistance to Level II providers regarding all aspects of PASRR.
8. Forward completed Level II evaluation and reports to Aging Division once appropriateness of placement has been determined

D. Psychiatric Review

1. New Admissions: Do psychiatric review and return all materials within 24 hours or fax psychiatric review sheet and immediately mail all materials to Mental Health and Substance Abuse Services Division.
2. Annual Reviews: No longer required. Additional reviews are done when there is a change in client mood or behaviors that indicate initiation or modifications of psychiatric treatment may be necessary.

II. Protocols

A. PREADMISSION SCREENING

1. If the Level I screening indicates evidence of mental illness, referral will be made by the NF or hospital directly to the Level II Provider in the county in which the proposed resident is currently placed or residing. The LT101 is requested of a Public Health Nurse at the same time.

If the Level I screening indicates evidence of mental illness, placement in a NF will not be made until the Level II determination is completed and placement is determined to be appropriate by MHSASD.

2. The Level II Provider will complete the Level II psychosocial and mental illness evaluations within three (3) working days of referral and will fax the evaluation to MHSASD no later than the third working day after referral. The Level II provider will immediately mail the hard copy of the Level II and a copy of the PASRR Time Log to MHSASD.
3. MHSASD will forward all materials to a psychiatrist for review, then make the determinations and recommendations for mental health services (if any) and send all materials to the Aging Division. The psychiatrist has three (3) days upon receipt of materials to do a review.

III. Disposition Based on Results of Level II Evaluation

The Level II evaluation will result in a determination of appropriate or inappropriate for NF placement or need for specialized services. "Placement" refers either to admission or continued residence. The meaning of specialized services is inpatient psychiatric care. These determinations carry the right of appeal as defined in 42 CFR Part 483.200 and Chapter XIX of the State Medicaid Rules.

1. Individual requires NF level of care but does not require specialized services. Placement is authorized. ARR is required. Mental health rehabilitative services may be recommended.
2. Individual requires NF level of care AND specialized services in the NF. (This category also includes residents who do not require NF level of care but who are considered long-term residents under the 30-month rule.)
3. Individual does not require NF level of care and does not require specialized services. Placement is not authorized. Admission is denied, or the nursing facility must arrange for orderly discharge and must prepare and orient the resident for discharge.
4. Individual does not require NF level of care but requires specialized services that cannot be provided in the NF. Placement is not authorized. Admission is denied, or the nursing facility must arrange for orderly discharge and must prepare and orient the resident for discharge. The 30-month rule applies.
5. No evidence of a serious mental illness. Placement is authorized. No further screening is required.
6. (#6 is deliberately omitted as not applicable to mental illness)
7. Individual has a primary diagnosis of dementia or a secondary diagnosis of dementia when the primary diagnosis is not a serious mental illness. Placement is authorized. No further screening is required.
8. Individual is categorically appropriate due to terminal illness or severe medical condition. Placement is authorized. ARR is required.
9. The evaluation was incomplete due to death or discharge.

IV. Payments

- A. Psychiatrists: Effective 11-1-94, payment for psychiatric review is \$225.
- B. CMHCs: Effective 1-1-95, payment for psychosocial evaluation and mental illness evaluation received on or after this date is \$80 per hour for direct time, collateral contacts, travel time and report writing time up to a maximum of 5 hours. There is no longer any administrative fee payment.

V. **Fax** the Level II evaluation to:

Mental Health and Substance Abuse Services Division
PASRR
Fax: (307) 777-5580

ON THE SAME DAY, MAIL THE ORIGINAL OF THE Level II, the copy of the PASSR TIME LOG to the address below:

Mental Health and Substance Abuse Services Division
PASRR
6101 Yellowstone Rd, Room 220
Cheyenne, WY 82002

Attach a copy of the PASRR TIME LOG (attached).

If you have any questions regarding **Level I** evaluations, please call Lura Crawford at the Division of Aging at (307) 777-5382.

If you have any questions regarding **Level II** Psychological Evaluations call the Mental Health and Substance Abuse Services Division at (307)777-6494.

Thank You